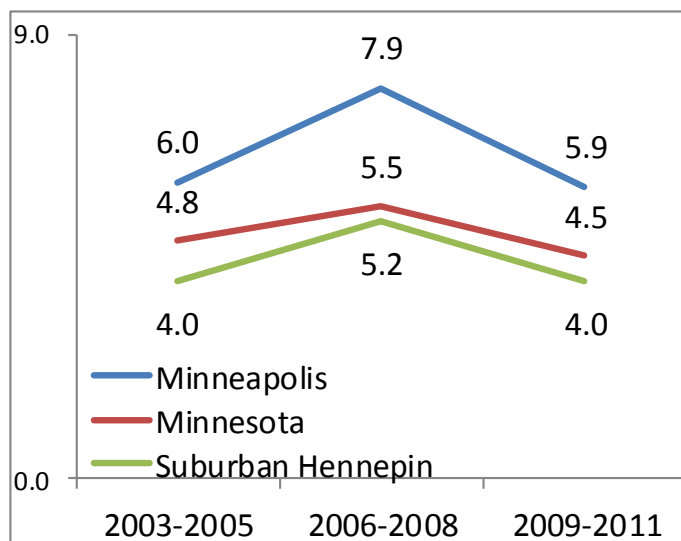


Minneapolis infant mortality rates improving

In Minneapolis, the rate at which infants die before their first birthday has declined since the peak of the recent recession, a trend that parallels reductions seen in suburban Hennepin County and the state of Minnesota. Because the annual number of deaths in Minneapolis is relatively small, three-year averages are used to depict trends. The 2009-2011 infant mortality rate of 5.9 deaths per 1000 live births for Minneapolis was better than the national Healthy People 2020 target of 6.0.



Minneapolis, Suburban Hennepin County and Minnesota Infant Mortality Rate
(calculated as the number of infant deaths in the first year of life divided by 1000 live births)

Between 2009 and 2011, 108 infants died in Minneapolis compared to 149 in the previous three years. Average deaths per year declined from 49.7 to 36 per year. The 108 recent deaths included 51 infants born to African American mothers, 29 to white mothers, 20 to Hispanic mothers, two to Asian mothers, one to an American Indian mother, and five to mothers whose race/ethnicity were not recorded. Infant mortality in Minneapolis for the 2009-2011 period also declined for all racial and ethnic groups except for Hispanics. Compared to 2005-2008, the infant mortality rate for African Americans decreased from 13.4 to 10.1; for American Indians from 9.2 to 1.9; for whites from 5.3 to 3.5; and for Asians from 3.0 to 1.5. The rate for Hispanics rose from 6.4 to 7.1. The recent rates for American Indians and Asians in Minneapolis appear to be historic lows.

Continued on page 2

Minneapolis Health Department introduces new vision, mission and values

Now in its fourth quarter as a newly merged and renamed city department, the Minneapolis Health Department has been busy creating a common culture, familiarizing staff to each other's work, and understanding how the new organization will function. The merger also meant drafting a new business plan that led department leadership to embark on a strategic planning process involving staff from all divisions. Commissioner of Health Gretchen Musicant also solicited participation and feedback from members of the Public Health Advisory Committee and elected officials.

As a result, a new statement of vision, mission and values was crafted (see below), along with strategic priorities to strengthen the department. Areas in need of improvement also surfaced, such as the need for updated technology for greater mobility, efficiency and effectiveness in inspections, education and enforcement; a vibrant, engaging web presence; and improved public connections through social media. Health department staff was heartened by the rich list of strengths that provide a solid foundation for the work ahead. Many opportunities were identified on how to strengthen partnerships and leverage an articulate, well-connected leadership.

VISION

Healthy lives and healthy environments are the foundation of a vibrant Minneapolis now and into the future.

MISSION

The Minneapolis Health Department improves the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

Continued on Page 2

INSIDE:

| | |
|---|--------|
| Healthy City Updates | Page 2 |
| Youth Violence Prevention Updates | Page 3 |
| 'Making it Better' featured at CDC Exhibition | Page 3 |
| Health department responds to multiple foodborne illnesses and outbreaks | Page 4 |

Infant Mortality Rates continued from page 1

Other measures of birth outcomes have also shown recent improvements in Minneapolis. Low birth weight (less than 5.5 pounds) and preterm birth (less than 37 weeks gestation) are important indicators because babies born too small or too soon are more likely to have health problems. In 2011, 7.2 percent of Minneapolis births were low birth weight, the lowest rate since 2002. An improvement from the 2010 low birth weight rate was seen for all racial groups and Hispanics. In 2011, 10.0 percent of births were preterm, also the lowest rate since 2002. A decrease from the 2010 preterm birth rate was seen for all racial groups, but not for Hispanics. These two measures were also better than the Healthy People 2020 targets.

The positive trends in reducing infant death likely reflect more than an improving economy, although the impact of socioeconomic stress on healthy births cannot be understated. Efforts promoted by the Minneapolis Health Department (MHD) and community partners are also key to reducing adverse birth outcomes and sustaining recent progress, including Twin Cities Healthy Start, a federally-funded initiative to support enhanced services to low-income and racial/ethnic populations with disproportionately high rates of infant mortality. These efforts include a substantial increase in prenatal home visits to offer families education and support, and identify and address risk factors. The Minnesota Visiting Nurse Agency and The Family Partnership receive funding through maternal and child health grants administered by the City to provide services for pregnant women whose economic or psychosocial risk factors put them at risk for adverse birth outcomes. Other factors that likely contribute to recent improvements include safe infant sleep education and increased attention to engaging fathers to promote a healthy pregnancy and birth. For more information, see the full Birth Outcomes Report at www.minneapolismn.gov/health/reports or contact Pat Harrison at 612-673-3883 or pat.harrison@minneapolismn.gov.

Minneapolis to conduct air quality assessment

Beginning November 2013, MHD will conduct air quality assessments to address toxic air pollutants that are known or suspected to cause cancer or have other serious health and environmental effects. The assessment will consist of two years of quarterly air monitoring at 68 different locations throughout the city. Selected businesses will also be monitored based on their air-emissions permit information. Using the Environmental Protection Agency's (EPA) National Air Toxics Assessment tool, MHD will assess 77 of the 177 air toxics identified by the EPA known as volatile organic compounds (VOC). Outdoors, VOCs come from manufacturing and the use of common everyday products and materials, and represent much of the EPA's concern of air toxics. Air samples will be collected in stainless steel spheres known as SUMMA canisters that are set out for 72 hours. Data will be used to develop targeted action plans to reduce VOC risks throughout the city. The first testing results are expected in January 2014.



Vision, Mission, Values Continued from page 1

VALUES

Invest in a healthier community

- Support a holistic sense of health within the context of families and communities across the life span.
- Work for sustainable changes to ensure a return on our investment in health outcomes for the most at risk and the community at large.
- Bring people and resources together to achieve our common goals and address conditions that influence health.

Exercise leadership in public health

- Use sound research, promising strategies, and community input to inform our activities and decisions.
- Encourage our mission-focused, passionate staff to be proactive, innovative and flexible, and to share their knowledge with our local community and beyond.

Quality inspires our work

- Strive for excellence in our work by being accountable to the public for consistent standards resulting in measurable progress towards desired outcomes.

Engage with communities

- Build on our urban community's cultural diversity, wisdom, strengths, and resilience and be directed by the community's voice.

Protect from harm

- Protect residents and guests of Minneapolis from disease and injury; assisting them in recovery from disaster; and, protect the environment from degradation.

School Based Clinic program becomes 'Essential Community Provider' certified

MHD's School Based Clinic (SBC) program was designated as an Essential Community Provider (ECP) by the Minnesota Department of Health this year. ECPs are part of the federal Affordable Care Act, which requires health insurance companies to build their provider networks to include health care providers serving predominately low-income, medically-underserved individuals. In order to be designated as an ECP in Minnesota, a provider must demonstrate that it meets state law requirements to:

- "Provide or coordinate supportive and stabilizing services, such as transportation, child care, linguistic services, and culturally sensitive and competent services to its clients;
- Serve all patients, regardless of their financial limitations; and charge patients for their services based on a sliding fee schedule, if the ECP is a non-profit organization."

The SBC program provides a variety of services to students at seven Minneapolis public high schools where many students are low-income and high risk. SBC services include medical care, mental health assessment and treatment, counseling, sexually transmitted disease prevention and treatment, health education, and nutrition counseling. The ECP designation is expected to enhance the SBC's ability to deliver critical health care and improve the overall health outcome of adolescents.

URBAN HEALTH AGENDA: National partnerships strengthen local youth violence prevention

“A unified city where all youth can be safe and thrive” is the vision that guides the City of Minneapolis in preventing youth violence. Minneapolis has been addressing youth violence as a preventable public health issue for more than seven years. In 2006, the City Council adopted a resolution that set in motion the development of the Minneapolis Youth Violence Prevention Blueprint for Action that was completed in 2008. After five years of implementing the Blueprint, Minneapolis was invited to join the National Forum on Youth Violence Prevention, which was initiated by the White House and includes 10 cities working in partnership with federal agencies to promote life success for all youth and prevent violence. As part of its Forum membership, Minneapolis updated its Blueprint and unveiled it to Forum members in Washington, D.C., in September. The plan was also adopted by the City Council in October. Revising the plan was an effort overseen by the Youth Violence Prevention Executive Committee (YVPEC) and was informed by three community forums. A group of 60 stakeholders contributed to the development of the goals, strategies and measures. The new Blueprint has five goals:

- Foster violence-free social environments.
- Promote positive opportunities and connections to trusted adults for all youth.
- Intervene with youth and families at the first sign of risk.
- Restore youth who have gone down the wrong path.
- Protect children from violence in the community.

The Blueprint outlines activities, responsibilities and measurements for each goal that will be monitored and evaluated as part of Results Minneapolis, an ongoing City accountability initiative. Overarching indicators of the Blueprint’s success are the number of youth homicides, youth involved in violent crime, and assault-related injuries among youth. Minneapolis was able to send seven people to Washington, D.C. for the unveiling of the Blueprint:

Wokie Weah, YVPEC co-chair and Youthprise president

Ben Knoll, YVPEC co-chair and Twin Cities United Way chief operating officer

Jason Matlock, Minneapolis Public Schools director of emergency management, safety and security

Commander Bruce Folkens, Minneapolis Police Department

De’Arrean Robinson, Research Innovator, youth representative

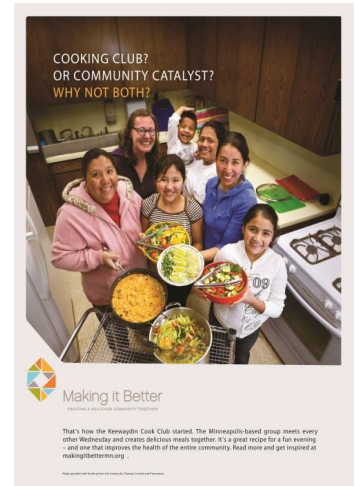
Coral Garner, Minneapolis Health Department, director of community and public health initiatives

Gretchen Musicant, Minneapolis commissioner of health

As a Forum city, Minneapolis will receive technical assistance; have ongoing connections to representatives of federal agencies including the Departments of Justice, Health and Human Services, and Education; and will have ongoing opportunities to learn from and connect to other cities that are working to improve the lives of young people and prevent violence. For more information, contact Gretchen Musicant at 612-673-3955 or gretchen.musicant@minneapolismn.gov.

‘Making it Better’ featured at CDC museum exhibition

Two posters from the Health Department’s Making it Better campaign are currently featured in the Health Is a Human Right: Race and Place in America exhibition at the CDC’s David J. Sencer Museum. The exhibition is organized around the social determinants of health and explores the challenges of achieving health equity in the United States. One of the Health Department’s posters features the Keewaydin Cook Club, a group of diverse families that gather regularly to cook healthy meals. The other poster features women working in a community garden at Glendale Townhomes. The Making it Better campaign ran in 2011 as part of the Health Department’s CDC Communities Putting Prevention to Work grant. The exhibition runs through January 17, 2014.



‘Plant an Extra Row’ provides fresh produce to Minneapolis food shelves

In April 2013, with funding from the Statewide Health Improvement Program (SHIP), the Health Department launched the Plant an Extra Row campaign to connect gardeners with local food shelves and help get fresh fruits and vegetables to individuals in need. The successful campaign has linked 120 community and backyard gardeners to 32 food shelves. To date, gardeners donated more than 878 pounds of fresh produce. Gardeners can participate in this effort during next year’s growing season. To learn more or find out how you can support your local food shelf, visit Minneapolis Healthy Food Shelf Network.

Gretchen Musicant, Health Commissioner

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612-673-2301
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Health department responds to multiple foodborne illnesses and outbreaks

A rash of foodborne illnesses in Minneapolis over the summer sickened dozens with microscopic culprits such as *Campylobacter*, *Vibrio* and *Salmonella*. MHD's health inspectors moved quickly to identify the sources and prevent further harm while partnering with the Minnesota Departments of Health and Agriculture (MDA), and Hennepin County. Inspectors faced challenges due to the delayed onset of illness caused by the lengthy incubation period of foodborne bacteria and microscopic parasites.

By mid-July, five children were reported ill with symptoms of *Salmonellosis* and two cases were confirmed. The children belonged to families within a tightly-knit cultural community and attended the same day-care, though no positive source of *Salmonella* was found at the daycare. In a separate case, food inspectors received notice from MDA that unpasteurized camel's milk was showing up in local markets. Health Inspectors fanned out across the city to locate the product, but found only two markets had received the bottles, which were promptly disposed.

Also in July, three individuals became ill with *Campylobacter* (bacteria associated with raw or undercooked poultry) when they ate steak tartar topped with raw quail egg yolk at a local restaurant. At another restaurant, two individuals were confirmed to have contracted the parasite *Vibrio* from raw oysters, though it was later confirmed the oysters were handled properly by the restaurant and that the source was linked to the oyster beds which were then temporarily closed. These illnesses emphasize the need to adhere to state statutes in raw-food preparation. Eclipsing the July incidences, the August 11 Ecuadorian Festival concluded with hundreds becoming ill and 81 confirmed cases of *Salmonellosis*—the second largest foodborne illness outbreak in the state's history. Minneapolis health inspectors worked with partner agencies to conduct interviews, inspect facilities, and identify the source of contamination. Four strains of *Salmonella* and one strain of *Campylobacter* were found in the food samples collected. The contamination was linked to improperly handled pork that was being sold by one vendor. All patients are believed to have recovered.

Throughout these investigations, the community relationships inspectors have built, along with their ability to draw on diverse language and cultural skills, were critical to investigating these cases and protecting the public's health. For more information, contact Cindy Weckwerth at 612-673- 3485 or cindy.weckwerth@minneapolismn.gov.

Youth increasingly turning to cheaper, flavored cigar products

The statewide cigarette tax went into effect in July, raising the cost of cigarette packs by \$1.60. Early data suggest the tax has reduced cigarette sales across the state, and anecdotally, has encouraged people to quit smoking. While the tax may curb overall cigarette use among adults, it may not have the same preventive effect on youth. National, state and Minneapolis data show that young people are increasingly smoking cheap cigarillos and little cigars in flavors such as grape, cherry and tutti-frutti. In fact, cigarillo use among twelfth grade boys has surpassed cigarette use.

The combination of cheap and sweet attracts youth. Many of these flavored products are sold as singles or in small pack sizes that are cheaper than 20-pack cigarettes. Even with the tax increase, a two pack of Grape Swisher Sweets costs less than \$2. Flavored cigarettes were made illegal in 2009 (except for menthol) based on evidence that the tobacco industry uses flavorings to make them more appealing to young smokers. As a result, tobacco companies have added flavors to non-cigarette products - cigarillos, little cigars, and chew - all products that are still legal. One cigarillo contains about three grams of tobacco, as much as three cigarettes. Public health experts are concerned that flavored tobacco products act as "starter" products, establishing smoking habits that can lead to a lifelong addiction.

MHD is taking steps to raise awareness about the proliferation of these flavored tobacco products through partnerships with the Youth Congress and community-based youth groups. The Health Department is also studying prevention strategies in other cities such as ordinances that ban flavored products and increasing the minimum pack size of tobacco products to make them more costly. These activities are funded through Hennepin County's Community Transformation Grant from the Centers for Disease Control and Prevention (CDC). For more information, contact Lara Pratt at 612-673-3815 or lara.pratt@minneapolismn.gov.

Staff Updates

Staff transitions:

After 19 years with the Health Department, Office Support Specialist III Kim Stringfellow resigned last spring. Her wealth of knowledge of past department employees and processes, along with her attention to detail have been missed. In addition, Food, Lodging and Pools staff Rebecca Sandell is now working for 311 and Lead Risk Assessor Andre Reed will be leaving his position after 3 years to work for an environmental consulting firm in St. Paul. Best Wishes to both Rebecca and Andre.

New staff:

The School Based Clinic program welcomes new staff: Samantha Olive, Ricky Sikorski, Carrie Peoples and Maima Fant

Food, Lodging and Pools welcome the following new staff: Cindy Weckwerth, Graham Miller and Bill Kass

Lead and Healthy Homes welcomes Hanna Henschied, Na Vang and Jorge Rojas

Environmental Services welcomes Environmental Inspector II Markeeta Keyes

Research and Program Development welcomes Epidemiologist Rebecca Fisher and Healthy Start staff Ken Smith

Adolescent Health and Youth Development welcomes AmeriCorps Vista volunteer Kate Boyle Steed, and interns Wendell Johnson and Ilana Blum

Administration and Assurance welcomes Josh Shaffer, Marnna Anderson and CDC Public Health Associate Anthony Nixon